

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 243038US3
		First Inventor or Application Identifier Kazuhiko KOBAYASHI
		Title BELT DEVICE AND IMAGE FORMING APPARATUS USING THE SAME

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Sheets 41</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 14</p> <p>4. <input type="checkbox"/> Oath or Declaration Total Pages a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small></p> <p>5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>		ACCOMPANYING APPLICATION PARTS
		<p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <small>(when there is an assignee)</small> <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>15. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small></p> <p>16. <input type="checkbox"/> Other:</p>

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation Divisional Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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12408 U.S. PTO
09/22/03
Docket No. 243038US3

243038US3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kazuhiko KOBAYASHI

SERIAL NO: New Application

FILING DATE: Herewith

FOR: BELT DEVICE AND IMAGE FORMING APPARATUS USING THE SAME

FEES TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	49 - 20 =	29	x \$18 =	\$522.00
INDEPENDENT CLAIMS	6 - 3 =	3	x \$84 =	\$252.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
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			TOTAL OF ABOVE CALCULATIONS	\$1,654.00
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The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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